

THE CLEVELAND MUSEUM OF ART
 FORTY-FIFTH ANNUAL EXHIBITION OF WORK BY ARTISTS AND CRAFTSMEN OF THE WESTERN RESERVE
 MAY 8 to JUNE 16, 1963

Born in Cleveland ☐ YES ☐ NO

PLEASE
 LETTER
 PLAINLY
 OR TYPE

Collaborator if any _____ Artist Elizabeth S. Shelton
FIRST NAME LAST NAME
 Address 2230 Billfield Rd. Cline Hts. 6 Cuyahoga Tel. Fai-2134
NO. STREET CITY ZONE COUNTY

Out-of-town residents should state whether return shipment is required. ☐ YES ☐ NO

Please enclose Registration Fee of \$2.00 (Check or Money Order) with Entry Blank..

NUMBER FOR SALE	NUMBER IN EDITION (Graphic Prts.)	PRICE	TITLE	MEDIUM	CLASS	DO NOT WRITE IN THESE COLUMNS
	1	M.F.S.	Stoneware bowl. No. 1	Stoneware	7.	341 A
1	1	20	Stoneware covered jar. No. 2.	Stoneware	7	342 R
1	1	35	" " " No. 3.	"	7	343 R
1	1	25	" " " " No. 4	"	7	344 R
1	1	25	Stoneware Casserole No. 5	Stoneware	7	345 R
	M.F.S.	N.P.S. unique	" Jar No. 6.	"	7.	346 R

SUBMIT ENTRY BLANK NO LATER THAN MARCH 11, 1963.

Use second blank if required

IMPORTANT

This entry blank must be fully made out, (typewritten or plainly printed) and signed.
 Unsigned entry blanks will not be accepted.

Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by July 25, 1963.

The submission of entries will be construed as acceptance of all conditions printed in this entry blank.

Elizabeth S. Shelton
 SIGNATURE